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Annual Reporting for High-Cost Recipients 47 C.F.R. §54.313(a)(2) through (a)(6) and (h) Smithville Communications, Inc.

June 26, 2012

Ms. Marlene H. Dortch Office of the Secretary Federal Communications Commission 445 12th Street SW Washington, D.C. 20554

Ms. Karen Majcher Vice President – High Cost Low Income Division Universal Service Administrative Company 2000 L Street NW, Suite 200 Washington, D.C. 20036

RE: WC Docket No. 10-90: Annual Reporting Requirements for High-Cost Recipients §54.313 (a)(2) through (a)(6) and (h)

Pursuant to Section 54.313(a)(2) through (a)(6) and (h) of the Federal Communications Commission's rules, enclosed are the 2012 annual reporting requirements and certifications for Smithville Communications, Inc., Study Area Code 320818. Smithville Communications, Inc. is a state-designated ETC, and as such, is submitting to the Commission relevant information from reports it files with its state commission for §54.313 (a)(2) through (a)(4).

Should you have any questions, please contact me via email at <u>darbymccarty@smithville.net</u> or by phone at 812-876-2211.

Sincerely,

Darby A. McCarty

President

Enclosures

Cc: Indiana Public Utilities Commission

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OUTAGE REPORTING - §54.313 (a)(2)

Detailed information on any outage in the prior calendar year, as that term is defined in 47 C.F.R. 4.5, of at least 30 minutes in duration for each service area in which an eligible telecommunications carrier is designated for any facilities it owns, operates, leases, or otherwise utilizes that potentially affect (i) At least ten percent of the end users served in a designated service area; or (ii) A 911 special facility, as defined in 47 C.F.R. 4.5(e). 47 C.F.R. §54.313(a)(2).

Date of Outage	Time of Outage	Description of Outage and Resolution	Particular Services Affected	Geographic Areas Affected	Steps Taken to Prevent Future Recurrences	Number of Customers Affected
07/26/11	1:00nm	Cable on C-Route was cut by water company. Repaired cut and restored service within 4 hours and 50 minutes	Voice &	383/Hymera	Company that cut water line should have called	OE.
11/30/11	1:00pm 7:50am	of time service cut. Power was cut by outside source that powered our cabinet. Generator deployed and service restored within 50 minutes of time reported.	Voice &	963/Sharpsville	Unsure if it was an actual cut line, or if someone hit the pole that serviced our building. This outage was out of Smithville's control.	190

UNFULFILLED SERVICE REQUESTS - §54.313(a)(3)

There were no unfilled requests for service during calendar year 2011.

NUMBER OF COMPLAINTS PER 1,000 CONNECTIONS - §54.313(a)(4)

During calendar year 2011, Smithville Communications, Inc. received 1.5 complaints per 1,000 working access lines.

\$54.313(a)(5) - COMPLIANCE WITH SERVICE QUALITY STANDARDS AND CONSUMER PROTECTION RULES

Service Quality Standards and Consumer Protection Rules Annual Certification

Darby A. McCarty	President	Smithville Communications, Inc.
Printed Name of Off	icer Title of Officer	Company Name
		he Company. I hereby certify that the
Company is in complianc	e with applicable service quality standa	rds and consumer protection rules.
	1/2/2	
Executed on	6/24/2012 Date	
Signature	Kushy a. Wed as ly	
	Darby A. McCarty	
Printed/Typed Name	Darby A. McCarty	

§54.313(a)(6) – ABILITY TO FUNCTION IN EMERGENCY SITUATIONS

Ability to Function in Emergency Situations Annual Certification

Darby A. McCarty	President	Smithville Communications, Inc.
Printed Name of Offi	cer Title of Officer	Company Name
I am authorized to prov	ide this certification on behalf of	the Company. I hereby certify that the
Company is capable of fu	nctioning in emergency situations.	The Company has a reasonable amount of
back-up power to ensur	e functionality without an external	I power source, is able to reroute traffic
around damaged facilities	s, and is capable of managing traffic s	spikes resulting from emergency situations
Executed on	6/21/2012 Date	
Signature	Levery Co. M. Party.	
	Darby A. McCarty	
Printed/Typed Name	,	

ADDITIONAL VOICE RATE DATA - §54.313(h)

As of June 1, 2012, Smithville Communications, Inc. had the following rates for residential local service, as well as state fees as defined pursuant to §54.318(e), that are below the local urban rate floor as defined in §54.318:

Class of Service	Residential Local Service Rate	State Subscriber Line Charge	State USF Surcharge	Mandatory EAS	Number of Lines
Residential local Service	12.60	4.55	0.00	0.00	18,886

	Exchange			Current		Mandatory	Fed	State			State E-911	
Study Area Code		Residential Access Lines			Charges If applicable	Expanded Galling	Subscriber Line Charge	Subscriber Line Charge	State USF Surcharge	County E-911 Surcharge		
(Line 1)	(Line 2)	(Line 3)	(Line 4)	(Line 5)	(Line 6)	(Line 7)	(Line 8)	(Line 9)	(Line 10)	(Line 11)	(Line 12)	(Line 13)
	876/Ellettsville	4717	52	12.600	0.000	0.000	6.500	4.550	0.000	0.480	0.000	0.030
	935/Ellettsville	847	13	12.600	0.000	0.000	6.500	4.550	0.000	0.480	0.000	0.030
	936/French Lick	1978	72	12.600	0.000	0.000	6.500	4.550	0.000	2.850	0.000	0.030
	879/Gosport	661	14	12.600	0.000	0.000	6.500	4.550	0.000	2.020	0.000	0.030
	851/Griffin	152	2	12.600	0.000	0.000	6.500	4.550	0.000	1.850	0.000	0.030
では、	383/Hymera	266	. 6	12.600	0.000	0.000	6.500	4.550	0.000	1.500	0.000	0.030
	837/Lake Monroe	322	1	12.600	0.000	0.000	6.500	4.550	0.000	0.480	0.000	0.030
Company of the Compan	994/Lizton	433	1	12.600	0.000	0.000	6.500	4.550	0.000	2.060	0.000	0.030
	659/Lyons	626	10	12.600	0.000	0.000	6.500	4.550	0.000	1.680	0.000	0.030
	863/Owensburg	768	14	12.600	0.000	0.000	6.500	4.550	0.000	1.680	0.000	0.030
	963/Sharpsville	944	5	12.600	0.000	0.000	6.500	4.550	0.000	2.070	0.000	0.030
	824/Smithville	3394	26	12.600	0.000	0.000	6.500	4.550	0.000	1.400	0.000	0.030
	825/Stanford	3163	32	12.600	0.000	0.000	6.500	4.550	0.000	1.680	0.000	0.030

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Input as of June 1, 2012 Input as of January 1, 2012

Study A	rea - Excha	ange Level Da	ata for Loca	l Rate Flo	or as of Jun	e 1, 2012	2
		Stephanie [First Middle Last]	D	Wall			AND
	Phone:	812-935-2215	[999-999-999	99]			400000000000000000000000000000000000000
		swall@smithville	* * * * * * * * *				
columns C-F	is less than \$	one level rates a i10. ialculate the imp			-		
(A) Exchange Name/Zone Name	(B) Class Of Service	(C) Residential Local Service Charge	(D) State Subscriber Line Charge		(F) Mandatory Extended Area Service Charge	(G) Rate Total Subject to Floor (Sum of C-F)	(H) Residen Lines excludi Lifelin
Check here it Model Support in but has no n Check here it Support in 2012	f your company 2012, nonthly residen f your company	relect one of the lar receives or is protial rates (plus char is not projected to bmit local rate floo	jected to receive irges listed abov o receive High C	High Cost Lore) less than \$	10 (certificatio	ligh Cost	- button.]

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	ano rato i r	oor Data
l certify that I am an officer or employee of the reporting carrier; my responsibilities include ensorated floor data reported; and, to the best of my knowledge, the information reported on this form is a		racy of the actual rate
Name of Reporting Carrier Smithville Communications, Inc.		
Signature of authonzed officer or employee Carly a. Welse		Date 6/26/2012
Printed name of authonzed officer or employee Darby A. McCarty		
Title or position of authorized officer or employee President		
Telephone number of authorized officer or employee. (812),876-2211, ext		
Study Area Code of Reporting Carrier 320818 Filing Due Date for this form (mm/dd/yyyy)	7/1/2012	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

I certify that <u>National Exchance</u> the information reported on bel my responsibilities include ens of my knowledge, the actual rate	ge Carrier Associati half of the reporti suring the accurac te floor data provi submit the inform ted herein based (uthorize an Agent to File Rate Floo on (NECA) ng carrier. I also certify that I am an offic by of the actual rate floor data provided to ded to the authorized agent is accurate. nation reported on this form on behalf of on data provided by the reporting carrier	is er or employee of the authorized the reporting ca	authorized to submit of the reporting carrier; agent; and, to the best rrier; that I have
Name of Authorized Agent National Exc	change Carrier As	ssociation (NECA)		
Name of Reporting Carrier Smithville (Communicatio	ns, Inc.		•
Signature of authorized officer or employee	Lesly	- le allest		Date 6/24/20/2
Printed name of authorized officer or employ	_{ee} Darby A. M	cCarty /		
Title or position of authorized officer or emplo				
Telephone number of authorized officer or er		76 <u>-</u> 2211 _{, ext.}		
Study Area Code of Reporting Carrier	320818	Filing Due Date for this form (mm/dd/yyyy)	7/1/2012	